

LETTER FROM THE PRESIDENT

Dear COPA Members & Colleagues,

2024 has been another productive year for COPA and the O&P industry in California. Our membership continues to be strong and engagement is high. The COPA Board of Directors welcomed two new members this year; Dr. Bi Ying Yeh (UC Irvine Health) and Evan Glenn (Ottobock). The industry engagement was most notable during the COPA happy hours and at the educational symposium. It is great to see new faces and connect with old friends at these events.

Our efforts to improve access to care in CA were a roller coaster in 2024. However, the voters in CA spoke clearly by supporting proposition 35 and dedicating funds to healthcare. We are back in the fight and won't stop until we make progress.

In 2025, we will begin making progress on California's So Every Body Can Move campaign. Thank you for your engagement, your support and your desire to make the O&P profession in CA the best that it has ever been.

In service,

Spencer Greene
Spencer Greene, MS, CPO
sgreene@hanger.com
209-573-1806

Discover Meracus®



Pure composite
Pure motion

**READ ON
FOR MORE
NEWS &
UPDATES**



allard
Support for better life!

COPA 2025 BOARD

PRESIDENT

Spencer Greene, MS, CPO
Hanger Clinic

VICE PRESIDENT

Brendan Erickson
SPS

SECRETARY/TREASURER

Richard Myers (Rick), CP
Southern California Prosthetics

LOBBYIST

Bryce W. A. Docherty
TDG Strategies

BOARD MEMBERS

Michel Davis
Loma Linda University SAHP

Evan Glenn
Ottobock

Chad R. Marquis, CPO
Prosthetic & Orthotic Group of
Orange County, LLC

Andy May
Fillauer

Luis Mora, CP
Össur Americas

Sarah Nakamoto
Cascade Orthopedic Supply, LP

Matt Swiggum
Proteor USA

Trevor Townsend
Valley Institute of
Prosthetics & Orthotics

Bi-Ying Yeh, MD, MS
University of California, Irvine

**Advertisers
in this
Newsletter
are proud
supporters
of COPA.**



PROP 35 PASSES & NEW LEGISLATURE SWORN-IN

COPA and many practitioners, patients and friends of O&P were successful in getting Prop 35 passed on the California ballot in November ... CONGRATULATIONS!!! As you know, Prop 35 will address our most urgent healthcare priorities by securing ongoing revenue and dedicating these funds to protect and expand access to Medi-Cal O&P care, primary care and specialty care physicians, community health clinics, hospitals, emergency rooms, family planning and mental health providers.

In fact, Prop 35 passed by one of the largest margins of any proposition this election cycle with 67% of Californians voting in support.

Now COPA will be working with the Legislature, California Department of Health Care Services, CMA and other stakeholders to ensure O&P Medi-Cal rates get increased to at least 80% of prevailing Medicare. This work is beginning now and will continue into the spring.

On December 2, 2024, the new legislative class was sworn-in at the State Capitol for the 2025-2026 legislative session. Of the 120 legislators (80 Assemblymembers; 40 Senators), 35 of them are brand new to the Capitol (23 Assemblymembers; 12 Senators). Although seven new Senators have prior legislative experience from the Assembly. Also, one new Senator previously served in Congress.

Inevitably, some of these new legislators may be appointed to leadership posts or to serve on either the Assembly or Senate Health Committees. Rumors in the halls of the Capitol have newly elected and former Assemblymember, and now Senator Akilah Weber, MD (D-San Diego) as the incoming chair of the Senate Health Committee. Stay tuned ...

Senator Weber is one of only three physicians in the California Legislature.

Depending on their background, new legislators are not necessarily familiar with previous legislative issues that COPA has championed. Thus COPA, led by the Government Affairs Committee, now chaired by Luis Mora, CP, will focus grassroots efforts on the new class of lawmakers and increase awareness of COPA priorities to create a clear path to earn their support in 2025 and beyond. COPA and the Government Affairs Committee might be calling on you to help execute early education efforts and strengthen COPA's position in the State Capitol.

"If you miss a day 'Under the Dome,' you miss a lot!"

SPS Rewards

Save an additional 3%, 5%, or 7% on Rewards products ordered online. Rewards item discount tiers are based on clinical acceptance, availability, and value to help you source items online at a significant cost savings.

Shop the Latest Additions Today!

META Flow
WillowWood



Fiberglass META Core
WillowWood



Icon MPK
College Park



Scan to Learn More

2024 COPA SYMPOSIUM

HOSTED BY



Mark Muller, Chair of O&P Dept., CSU Dominguez Hills gave an update on CSUDH O&P 40th Year on Opening Day.



Keynote Speaker Lesleigh Sisson, CFO, CFM, O&P Insight Founder gave her presentation on "Exploring the Strategic Integration: O&P Insight's Acquisition by Hanger Inc."



COPA President (R) presenting an Appreciation Plaque to Michael Moor, MS, CPO, LPO, Chair of the Orthotic Prosthetic Department in the School of Allied Health Professions for their generosity in hosting the 2024 COPA Symposium.



Dr. Gurinder Singh Bains, Professor for the School of Allied Health Professions at Loma Linda University led a presentation by LLU students on "Tensile Strength Testing of Recycled Polypropylene Sheets and Cyclic Testing of Orthoses Made from Recycled Polypropylene Sheets."

Greg Zschaschel, MBA, CPO of MPS Consulting & Transformation and Aleh Baikou, CEO of DOINTEGRATE during their session on "Process Innovation Utilizing Artificial Intelligence (AI) In Healthcare."




2024 COPA SYMPOSIUM



(L-R) Paul E. Prusakowski of OPIE, COPA Board Member Luis Mora, COPA President Spencer Green, and COPA Board Member Trevor Townsend.



HOSTED BY

 LOMA LINDA UNIVERSITY
 School of Allied Health Professions
 Outcomes & Practices
 Student attendees at the COPA Cocktail Hour during the Symposium.



Amy Ginsburg, COPA Board Member Andy May, and Michelle Purvis.



Attendees enjoyed networking at the COPA Cocktail Hour during the Symposium.



(L-R) Emily Nelson, Kimberly Jones, Sarah Nakamoto, and MJ McNeece.



Paul E. Prusakowski of OPIE during his session on "A Transformative Vision for the Future of O&P Clinical Care."



At one of the three exhibit halls.



Sarah Nakamoto, COPA Board Member - California Orthotic and Account Manager, Pacific Southwest at Cascade Orthopedic Supply.



Katie & Erik Janiszewski representatives from Align Medical Media, one of the 30 exhibitors during the Symposium.



COPA President Spencer Greene addressing attendees at the Symposium's closing.

2024 CO^{OP}A SYMPOSIUM

THANK YOU TO OUR GENEROUS HOST



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Orthotics & Prosthetics

THANK YOU TO OUR SPONSORS



WILLOWWOOD

THANK YOU TO OUR EXHIBITORS



WILLOWWOOD



COPA MEMBERSHIP

by Brendan Erickson, COPA Membership Committee Chairman

Dear COPA Members,

As we enter the new year, it's time to reflect on another incredible year at COPA. As Vice President and Chairman of the Membership & Networking Committee, I am excited to reach out and extend my heartfelt THANK YOU for your invaluable contribution to a fantastic 2024. In 2024, COPA's leadership and members built on the momentum from 2023, and the results have been remarkable.

In the end-of-year letter in 2023, I mentioned a "snowball effect" between membership, networking, awareness, and legislative change. This momentum has grown even stronger in 2024. Once again, I want to express my gratitude:

**Thank you for being an essential part of COPA.
Thank you for your engagement, effort, and support.
COPA can't make an impact without YOU!**

Your involvement is critical to the success of our profession-wide initiatives, and we need your continued support now more than ever. Our core strength lies in our members, and as we expand, our collective voice grows stronger. Together, we can elevate the impact of our profession and improve the lives of our patients.

To renew your membership, visit www.californiaoandp.com, log in, click on "My Account," and select the renewal option. If you opted for auto-renewal last year, thank you! You should have been automatically renewed. If you're a new member or didn't set up auto-renewal, please ensure you check the box to enable it. You may also renew by calling COPA Admin at 626.244.2696 or mailing a check to our Pasadena office: 2700 Foothill Blvd., Suite 209, Pasadena, CA 91107.

As part of our continued growth, I encourage you to make it a New Year's resolution to refer colleagues in O&P to COPA. Help us expand our reach, not only through membership but also through volunteerism.

To highlight our recent achievements and ongoing progress, here are a few key points that underscore the incredible work COPA is doing:

California Medi-Cal Reimbursement Improvement Efforts

- Supported YES ON PROP 35, which passed with over 60% of votes, protecting health care funds, including O&P services, from being reallocated.
- Legislator Tours: We conducted in-person visits to O&P facilities to raise awareness of the challenges Medi-Cal

recipients face in accessing quality care. To get involved with a Facility Tour, contact COPA President Spencer Greene at sgreen@hanger.com.

- In-person Rally: Over 120 individuals gathered at the Sacramento Capitol Steps, drawing media attention and raising awareness for needed legislative changes.
- New Government Affairs Sub-Committee: This team will work in tandem with the "So EveryBODY Can Move" initiative to provide additional mobility devices and prostheses.

Ongoing Efforts to Secure the 2023 Medi-Cal Rate Increase for O&P

- The 10% Medi-Cal rate increase for O&P, which restores a 2011 provider rate cut, continues to be a major focus for COPA. We are committed to spreading awareness and ensuring that Medi-Cal providers restore this crucial funding.

COPA Education Symposium


- Building on the success in 2023, attendance at the 2024 symposium exceeded 200, with clinicians, students, and suppliers/vendors participating.
- 16 CEUs were offered over two days, with presentations covering all aspects of O&P.
- The event saw a record 30 vendors showcasing their products and services.

COPA Membership and Networking

- We surpassed the 2023 membership record with nearly 40 O&P-related companies.
- 13 patient care providers covering more than 100 locations, 15 supplier members, 2 academic facilities, and 4 individual members joined COPA.
- We successfully hosted 11 networking happy hours, supported by our valued supplier members.

On behalf of the entire COPA Board of Directors and the Membership Committee, I extend my deepest thanks for being a valued member of COPA. Please continue to be involved in our efforts and help us build on this momentum.

Sincerely,
Brendan Erickson
Vice President,
Chairman of Membership & Networking Committee
COPA



THE QUEST FOR QUALITY

How value-based payment models are reshaping primary to prosthetic care—and why outcomes matter

BY JOSEPHINE ROSSI

In medical offices across America, physicians are no longer only counting patient visits or procedures performed. They also are examining new metrics, such as prevention rates, patient outcomes, and most notably, the total cost of care for their patient populations.

This shift represents an attempt to solve one of America's most persistent policy challenges: a healthcare system that consistently delivers worse results at higher costs than those of other developed nations.

While technologically advanced, the American healthcare system has patterns of overutilization and fragmented care delivery. A system of traditional fee-for-service (FFS) provider reimbursements has fostered innovation but also created problems. While the system compensates providers for services delivered, it offers no incentive for achieving better patient outcomes. CMS established its Center for Medicare and Medicaid Innovation (CMMI) to test new healthcare payment and delivery models on their ability to improve care quality, reduce costs, and promote patient-centered practices throughout Medicare, Medicaid, and the Children's Health Insurance Program.

In 2021, CMS announced the goal to use value-based care (VBC), a payment model that links payment to quality and outcomes, for all Medicare beneficiaries' healthcare by 2030. Some commercial insurers are also aligning their contracts to the model. Initial VBC models targeted primary care providers and high-cost specialty areas such as cardiology, oncology, and nephrology. With the focus

of O&P on functional improvement, the profession is well-positioned to be included in future VBC models, according to a new whitepaper by Avalere and commissioned by AOPA.

The following is a primer based on that whitepaper focusing on the different aspects of VBC and the role that the O&P field can play. Here's what O&P professionals need to know.

How Does VBC Work?

Value-based care fundamentally restructures healthcare reimbursement by connecting payment to patient outcomes rather than service volume. This approach shifts the focus from treating illness reactively to promoting wellness proactively through preventive care and chronic disease management. By aligning financial incentives with improved health outcomes, VBC models encourage healthcare providers and payors to deliver higher quality care while managing costs more effectively. The goal is to create a healthcare system where financial success depends on keeping patients healthy rather than simply delivering more services.

More specifically, key financial features distinguish VBC models from traditional FFS payment systems. First is the risk amount: VBC shifts financial responsibility from insurance companies to healthcare providers. The amount of risk that providers take on varies among contracts, but the basic principle is that providers become responsible for the healthcare costs of their patient population.

Risk structure also varies. Contracts can be either “one-sided” with only upside risk or “two-sided” with both upside and downside risks. In one-sided contracts, providers receive bonuses for better outcomes, whereas in two-sided contracts, providers can either earn bonuses or be penalized based on outcomes. Providers may receive payments either before care is delivered or retrospectively, with many models combining both approaches.

To ensure goals are being met consistently, VBC payment models incorporate mechanisms that focus on either quality processes and reporting requirements or financial incentives and penalties. All VBC models require providers to report specific data that demonstrates care quality and health outcomes. Some models also mandate providers to implement quality-improving processes, such as care coordination services, clinical decision support tools, or shared decision-making frameworks. In more sophisticated models, a provider’s performance on quality measures directly affects their revenue. This can take several forms, including direct performance-based payment bonuses and penalties, quality thresholds for shared savings, or public quality ratings that influence patient enrollment and provider selection.



Learn more about VBC. Scan the QR code to download the full whitepaper.

Several different approaches to VBC payment models exist. The most basic is the pay-for-performance model, which incorporates a small degree of quality measure performance assessment, such as outcomes, efficiency, or cost, to supplement payment decision. On the other end of the spectrum is full capitation, in which a provider is given a single fixed payment for management of the patient’s care. Under this arrangement, providers assume complete financial responsibility for the costs of delivering care throughout the covered period. This creates a strong incentive for efficiency and cost management. All other VBC payment models fall somewhere between these two models (see sidebar on page 26).

Growth and Adoption

By late 2023, nearly half (48.9%) of traditional Medicare spending flowed through value-based payment programs. Medicare Advantage—also known as “Part C,” Medicare-approved plans from private companies that offer an alternative to original Medicare—had 57.2% of spending in value-based models. This growth is particularly evident in Medicare Advantage’s population-level programs, which saw spending surge from \$88.2 billion in 2017 to \$219.3 billion in 2022, according to Avalere.

Continued on next page.

The Latest From So Every BODY Can Move

In five states—Colorado, Illinois, Maryland, Minnesota, and New Hampshire—*So Every BODY Can Move (SEBCM)* laws are scheduled to take effect Jan. 1, 2025. These states join three others—Arkansas, Maine, and New Mexico—in having enacted legislation. AOPA and its partners in the *SEBCM* initiative continue to provide support in assisting states with implementation and help support states preparing to pursue legislation.



State	Bill No.	Date Signed Into Law	Date Law Goes Into Effect	Insurance Plans Affected	Devices Covered	Age Group
Colorado	HB 1136	May 25, 2023	Jan. 1, 2025	State Commercial Plans	Prostheses	All Ages
Illinois	SB 2195/HB 3036	Aug. 7, 2023	Jan. 1, 2025	State Commercial Plans	Orthoses & Prostheses	All Ages
Maryland	SB 614/HB 0865	May 16, 2024	Jan. 1, 2025	State Commercial Plans and Medicaid	Orthoses & Prostheses	All Ages
Minnesota	HF 3339/SF 3351	May 24, 2024	Jan. 1, 2025	State Commercial Plans and Medicaid	Orthoses & Prostheses	All Ages
New Hampshire	SB 177	July 10, 2024	Jan. 1, 2025	State Commercial Plans	Prostheses	Under 19

SOURCE: SOEVERYBODYCANMOVE.ORG

This article is an excerpt from O&P Almanac November/December 2024, Page 40.

Types of Value-Based Payment Models

The healthcare system has developed several different approaches to value-based payment:

- **Pay-for-Performance:** Adds quality metrics to fee-for-service, with potential bonuses or penalties. (Examples: hospital value-based purchasing and Merit-Based Incentive Payment System.)
- **Pro Fee Capitation:** Upfront payments for overhead costs like care coordination, typically for specialists. (Example: Kidney Care First model.)
- **Surgical Bundles:** Fixed payment covering procedure and related services in a short timeframe. (Example: bundled payment for care improvement model.)
- **Condition-Based Bundles:** Longer-term bundled payments for specific conditions, encouraging preventive care. (Example: ESRD Treatment Choices model.)
- **Population Health:** Providers manage costs for entire patient populations against benchmarks, focusing on prevention. (Example: accountable care organizations, or ACOs.)
- **Full Capitation:** Maximum risk model with payments based on historical trends and risk scores. Requires sophisticated cost modeling and care coordination. (Example: ACO REACH Global Track.)

SOURCE: "AVALERE WHITE PAPER: VALUE-BASED CARE AND ORTHOTICS AND PROSTHETICS," DECEMBER 2024



Adoption among private payors has been slower. The frequent turnover in commercial insurance makes it difficult to realize returns on long-term preventive health investments, as members often change plans before the benefits materialize. Additionally, commercial populations tend to be younger and healthier, creating fewer opportunities for cost reduction through care management. As a result, commercial insurers typically use shorter-term, episode-based payment models that align with their population dynamics, according to the whitepaper.

The implementation of VBC also depends heavily on provider capabilities, particularly as risk levels increase. Organizations taking on substantial financial risk must demonstrate sophisticated clinical and operational capabilities, supported by robust technology infrastructure. However, many healthcare providers currently lack the advanced data capture and analytics capabilities

to be successful with VBC implementation. As tech vendors bolster the sophistication of their solutions, Avalere predicts that provider adoption of VBC will likely accelerate across the healthcare landscape.

The O&P Opportunity

The case for including O&P care in value-based models is compelling, says Avalere. More than 5.7 million Americans live with limb loss or limb difference—a number expected to double by 2050. The demand for orthoses continues to rise with an aging population and increasing chronic disease burden, with orthopedic devices projected to see 3.36% annual growth over the next four years.

Research has demonstrated both improved outcomes and reduced costs because of O&P interventions. For instance, a comprehensive 2013 Medicare population study found that patients who received orthotic or prosthetic devices had lower total care costs and better quality of life compared to those who did not receive these devices. Further, a 2017 RAND study showed that advanced microprocessor-equipped lower-limb prostheses not only improved quality-adjusted life years but also reduced fall-related injuries, highlighting how O&P devices and patient care can directly impact patient safety and wellbeing.

The shift to value-based payments also offers an opportunity to correct ongoing misconceptions about O&P professionals as device suppliers rather than clinicians providing healthcare services, Avalere asserts. While O&P providers might not serve as primary participants in value-based care models, they are well-positioned as affiliates to model participants, contributing to better patient outcomes and lower total care costs.

For O&P to realize its full potential in value-based care, Avalere analysts strongly encourage the profession to continue to ramp up its coordinated outcomes data collections and research efforts. It also suggests the profession actively pursue partnerships with model developers, payors, and integrated delivery networks to create innovative value-based arrangements that include O&P services. The success of these partnerships depends heavily on evidence showing that including O&P professionals on care teams leads to better outcomes and lower costs. This evidence will not only attract potential partners but also help design optimal partnership structures. Integrated delivery networks and payors should view these partnerships as opportunities to both enhance current O&P care and identify new patient populations that could benefit from O&P services.

As healthcare continues to evolve toward value-based models, O&P has an unprecedented opportunity to demonstrate its crucial role in improving patient care while reducing overall healthcare costs. The path forward for VBC will depend not only on primary care transformation, but on the integration of specialized services that significantly impact patient outcomes, such as O&P. In value-based care models, it is an important step toward a more comprehensive, patient-centered healthcare system. ✍

Josephine Rossi is editor of *O&P Almanac*. Reach her at jrossi@contentcommunicators.com.